FORM D	Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.					
OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response 1.00	ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.					
SEC USE ONLY	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					
Prefix Serial	FORM D					
DATE RECEIVED	NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 155 PROCESSE					
Name of Offering (check if this Fulcrum Pharmaceuticals, LLC P.	s an amendment and name has changed, and indicate change.) AUG 1 4 2003					
Filing Under (Check box(es) that ap	oly): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) ☐ ULOE THOMSON					
Type of Filing: New Filing	Amendment					
T. Enter the information requested a	bout the issuer					
Fulcrum Pharmaceuticals, LLC	in amendment and name has changed, and indicate change.) 03059247					
Address of Executive Offices 92 Edgewood Avenue, Larchmont	(Number and Street, City, State, Zip Code) Telephone Number (Including Act. Jde) New York 10538 (914) 833-8984					
Address of Principal Business Opera (if different from Executive Offices)	tions (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)					
Brief Description of Business: Biote	chnology Research Company					
•	ed partnership, already formed in the company is a company in the company in the company is a company in the company is a company in the company in the company in the company is a company in the company in the company is a company in the company in					
□ business trust □ limite	d partnership, to be formed Month Year					
Actual or Estimated Date of Incorpo						
Jurisdiction of Incorporation or Orga	nization: (Enter two-letter U.S. Postal Service abbreviation for State: DE CN for Canada; FN for other foreign jurisdiction.					
GENERAL INSTRUCTIONS						
seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed Securities and Exchange Commission address after the date on which it is di	n offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that ie, on the date it was mailed by United States registered or certified mail to that address. Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.					

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

2. Enter the information requested for the foll	owing:			
• Each promoter of the issuer, if the iss	suer has been organized with	in the past five years;		
 Each beneficial owner having the poissuer; 	wer to vote or dispose, or dir	ect the vote or disposition of,	10% or more of a cl	ass of equity securities of
Each executive officer and director of	f corporate issuers and of co	rporate general and managin	g partners of partner	ship issuers; and
Each general and managing partner of the second secon	of partnership issuers.			
Check Box(es) that Apply: ☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) Milstein, Sam				
Business or Residence Address (Number and 92 Edgewood Avenue, Larchmont, New Yo	Street, City, State, Zip Code ork 10538)		
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	■Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Schreiber, Jordan				
Business or Residence Address (Number and 47 Florence Lane, Princeton, New Jersey 0	Street, City, State, Zip Code 18540			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and				
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	ĭ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Code	e)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	A PARTY OF THE PAR	militari di perinta dalam perinta di perinta Perinta di perinta di		
Business or Residence Address (Number and	Street, City, State, Zip Code			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Code			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer.	Director	☐ General and/or Managing Partner
Full Name (Last name first,)	if individual)				
Business or Residence Addr	ess (Number and :	Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)			_	
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			
	Use blank shee	t, or copy and use addit	ional copies of this she	et, as necessary	/.)

1.	Has the iss	uer sold, or	does the iss	uer intend to	o sell, to nor	n-accredited	linvestors in	this offerir	ıg?		.Yes□ No	×
				Answer also	in Append	lix, Column	2, if filing	under ULO	E.			
2.	What is th	e minimum	investment	that will be	accepted fi	rom any ind	lividual?				\$ 25,00	0
3.	Does the o	ffering perr	nit joint ow	nership of a	single unit	?	•••••				⁄es⊠ No l	
4.	Enter the in similar rem an associate or dealer. information	uneration fo ed person or If more tha	r solicitatio agent of a b n five (5) p	n of purcha proker or de persons to b	sers in conn aler register	ection with ed with the	sales of sec SEC and/or	urities in th with a state	e offering. or states, l	If a person ist the name	to be listed of the brok	is er
	e (Last name	first, if indi	vidual)						<u> </u>			
c/o Spir	or Residence e Capital, Ll Associated B	LC, 211 Ma	idison Avei									
	Associated Bi	roker or Dea	aier									
States in	Which Persor	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers						
(Ch	eck "All State	s" or check	individual S	States)		••••••		•••••	•••••••		All States	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan	e (Last name	first, if indi	vidual)									
Business	or Residence	Address (N	umber and	Street, City	, State, Zip	Code)						
Name of	Associated B	roker or Dea	aler				 		 ,			
States in	Which Persor	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers						
(Ch	eck "All State	s" or check	individual S	States)							All States	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nam	e (Last name	first, if indi	vidual)									
Business	or Residence	Address (N	umber and	Street, City	, State, Zip	Code)						
Name of	Associated B	roker or Dea	aler	·					· · · · · · · · · · · · · · · · · · ·	· · ·		
States in	Which Persor	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers				·· <u>-</u>	· · · · · · · · · · · · · · · · · · ·	
	eck "All State										All States	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$0
	Equity	\$ 0	\$0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants).	\$ O	\$ 0
	Partnership Interests	\$ 0	\$ 0
	Other (Specify: Secured Convertible Promissory Notes)	\$ 450,000	\$ 0
	Total	\$ 450,000	\$ 0
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$ 0
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A	\$ <u>N/A</u>
	Rule 504	<u>N/A</u>	\$ <u>N/A</u>
	Total	<u>N/A</u>	\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ N/A
	Printing and Engraving Costs	🗖	\$ 0
	Legal Fees	⊠	\$ 15,000
	Accounting Fees		\$ 0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$ 0
	Other Expenses (identify) <u>Blue sky filing fees</u>		\$500
	TOTAL		\$ 15,500

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" answer is "none" or "zero". If the transaction is an exchange offering, check this box \square and indicate

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adju gross proceeds to the issuer."					\$ 434,500
5.	Indicate below the amount of the adjusted gross proceeds to the issuer or proposed to be used	for				4 .5 .,500
	each of the purposes shown. If the amount of any purpose is not known, furnish an estimate					
	check the box to the left of the estimate. The total of the payments listed must equal the adju					
	gross proceeds to the issuer set forth in response to Part C - Questions 4.b above.					
			Payments to			
			Officers,			
			Directors, &			Payments To
			Affiliates			Others
	Salaries and fees		\$		\$	
	Purchase of real estate		\$		_	
	Purchase, rental or leasing and installation of machinery and equipment		\$		_	
	Construction or leasing of plant buildings and facilities		\$		\$_	
	Acquisition of other business (including the value of securities involved in this offering					
	that may be used in exchange for the assets or securities of another issuer pursuant to a	_			_	
			\$		_	
	Repayment of indebtedness		\$			
	Working capital		\$	_ 🗵		\$ 434,500
	Other (specify):		\$		\$_	
		_	_	_	_	
			\$		S _	
	<u></u>	_	Ф	_	Φ.	
	0.1T.+.1		\$	_ 🛚	2	D 424 500
	Column Totals	Ц	\$	(X)	500	\$ 434,500
	Total rayilicitis Listed (column totals added)		⊠ \$	434,.	JUU	,

Total Payments Listed (column totals added).....

	ed by the undersigned duly authorized person. If this not	
	r to furnish to the U.S. Securities and Exchange Commiscoredited investor pursuant to paragraph (b)(2) of Rule 5	
Issuer (Print or Type)	Signature	Date
Fulcrum Pharmaceuticals, LLC	5_~	July 31, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Sam Milstein	Managing Member	
	ATTENTION	
Intentional misstatements or omiss	sions of fact constitute federal criminal vio	lations. (See 18 U.S.C. 1001.)

D. FEDERAL SIGNATURE